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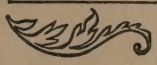

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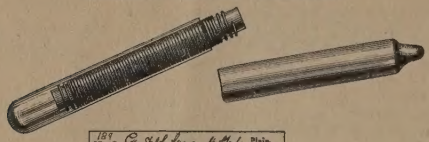

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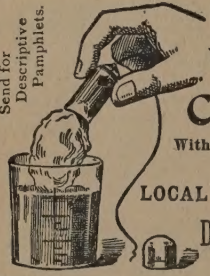

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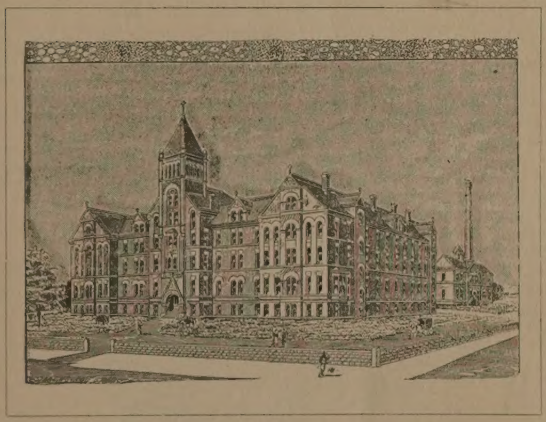

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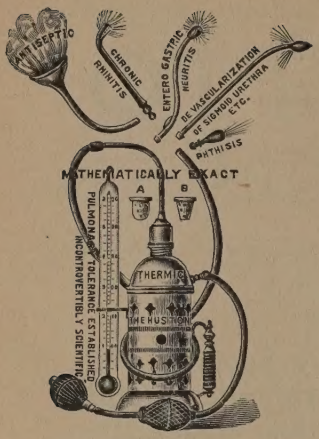

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IOWA MEDICAL JOURNAL.

VOL. III. APRIL, 1897. No. 4.

MEDICINE.

UNDER THE CHARGE OF
L. W. LITTIG, A. M., M. D., M. R. C. S.,
Professor Theory and Practice of Medicine, Iowa State University, Iowa City, Iowa.
AND G. A. SMITH, M. D., *Clinton, Iowa.*
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W. A. ROHLF, M. D., *Hampton, Iowa.*

THE HYPODERMIC NEEDLE.

By C. F. Kellogg, M. D., Clinton, Iowa.

I READ with much interest the article in the January Bulletin of the State Board of Health on the subject of "Death from Hypodermic Medication," and having had a rather extended experience with the hypodermic needle, think part of some notes of serious results from its use may aid in the study of the subject. Will relate my experience without comment.

My first experience was with a subject, who had been taking injections of morphine three to five times a day, and about one-half a grain at each sitting. He was a bookkeeper and cashier in a large manufacturing industry in this city, married and about 36 years of age, and had been obliged to resort to the drug to control severe paroxysms of neuralgia, diagnosed as due to locomotor ataxia.

He came to my office on his way to his work, and requested me to give him an injection, as he was suffering severely, and, as I had frequently done before, inserted the needle under the skin over the belly of the biceps muscle of his right arm. I was careful to raise the skin, and to withdraw the needle slightly before injecting. As I withdrew the needle I noticed a whitish elevation all around the point of puncture, like urticaria, which rapidly diffused itself along the arm *above* the puncture. At the same moment he grasped me by the arm and exclaimed, "Oh, my God, doctor, there is something the matter; hold my hands quick; rub my

hands; I can't see; let me lie down." I loosened his cravat, removed his collar, and laid him upon a couch. He breathed heavily and in gasps, the veins upon his neck, face and hands stood out like ropes, his face was fairly crimson, the perspiration flowed from every pore, the pupil of the eye was dilated as from atropia, and he, as the first alarming symptoms wore off, nearly screamed from what he described as a burning, tickling sensation in the coccyx and the soles of his feet. The urticaria spread far, about six inches above and two inches each side of the puncture, and lasted for about one hour. He was unconscious about one and one-half minutes. Thinking he would die, I noted every clinical point. His pulse ran up to 140, full and bounding; his respiration irregular, but about 12 to the minute. In all, before he entirely regained his wonted condition was about fifteen minutes. Once again, about one year after, I had identically the same experience with the same subject, and again saw him similarly affected, after an injection, in his thigh, made by himself, in my office, and he informed me that he had had a like experience once before while in Minneapolis.

Another case was that of a gentleman, a lawyer, who was subject to frequent attacks of nephritic colic. I was called to administer a hypodermic of morphia. I prepared my injection with all my usual precaution, but immediately after securing the injection he fell back in his chair in a perfect state of collapse, exclaiming, "Doctor, there is something wrong; there is something wrong!" and at once became unconscious. I chafed his hands and arms, which became icy cold, administered a syringeful of brandy and shook him vigorously, and in about two minutes he regained consciousness, and in about five minutes more was all right, free from pain and apparently none the worse for his experience. He certainly looked like death, and whereas my other subject had appeared flushed and his face congested, this one had the look and pallor of death, and complained of none of the symptoms of the first.

The first subject I have given over *two thousand* injections, covering a period of eight years. I have, however, given him none for over two years, but he still continues the use of the needle, and is a trusted employee of one of our wholesale firms in

this city, astonishing and seemingly incredible, yet nevertheless a fact. In one of his severe attacks about six years ago, I administered to him hypodermically in eight hours 72 grains of morphine. I should not have dared to do this if I had not had experience with him previously under similar circumstances. With all that amount of morphia, the pain was not entirely controlled, and he never exhibited the first toxic symptoms, nor did he sleep.

A similar case, to the one reported in the Bulletin, occurred in this city. A child, about four years old, was taken with a severe sore throat. A physician was called who pronounced it diphtheria, and advised the use of anti-toxin. At the time the injection was made the child was playing with the other children, around the house; in three-quarters of an hour she was dead. The case was reported as dead from malignant diphtheria. I have had, and still have my doubts about the correctness of the diagnosis, but I have always believed that the injection was the direct cause of death. There were five other children in the family, but no other cases developed, and no prophylactic measures were taken.

I have added this latter case simply as a case in point. I did not see the case, but it was one of my families, and the physician is an associate upon the pension board, and to me he claims the injection was in no wise responsible for the death.

I would like to learn if the one peculiar symptom, that intense "itching pain," as my subject described it, is pathognomonic of these cases; it certainly is with him. And as I write I call to mind the history of an exactly similar case, as related to me by the party who experienced it. This was an old gentleman, a very intelligent man, who became addicted to the use of the drug for the same cause as my friend. He was traveling across country with a team, when he had one of his severe paroxysms of neuralgia, and not being near a house or stream, he used his own *urine* to make his solution, and he described his sensations identically with those of the first case mentioned in this paper. He attributed his peculiar — to him — sensations, to the menstruum used.

I think a little study along the lines of experience, and a report of cases, would do much to enlighten the profession upon a subject

of which we are very much in the dark. There is too much of a disposition to evade responsibility, and to cover up accidents of this kind, which, I believe, are liable to occur under the most favorable circumstances, and at the hands of a skilled operator.

INFRINGEMENTS ON THE CODE OF ETHICS.

By F. B. Warnock, M. D., Battle Creek, Iowa.

IT IS almost impossible for us to collect fees from all our patrons. But it does seem as though there might be some way whereby we could collect a larger per cent of our earnings than we do. Business men do not trust where they know they cannot collect. They keep a man's rating, and when he applies for credit, if he is not good they tell him so, and that they cannot trust him. If he goes to another place and asks for credit they tell him the same thing, and he soon learns that he cannot get credit unless he pays. Why should it not be so in the medical profession? Our knowledge and time is our stock in trade, the same as the merchant's goods are, —then why should we not demand our pay the same as he does? Why should we not refuse to credit the dead-beat the same as the merchant? It is true we can refuse to work for them, but that does not compensate us for what we may already have done for them. They know only too well that they can always get some one to do their work. There is always some physician ready to take anything, even when he knows there is no pay in it. He takes it in order to be doing something to make the public think he is doing a great volume of business. The dead-beats know this and are perfectly independent when asked to pay their bills, and just as long as we have physicians who will do that class of work and not demand pay for it, just so long will we have to do a large per cent of work for nothing.

My experience with that class of patrons has been that while you work for them, spending your time and money on them and their families, they are noisy in your praise and will exalt you to the skies. And as long as you keep on working for them you are the *only* doctor. But there comes a time, often after you have

accomodated them for years, when you want some compensation for your labor and you present your bill; then, alas, they do not know you, and you will see them slipping into some other doctor's office and you are not in it any more; you are not up to date. They are going to try a man that is abreast of the times. Those you have accomodated the most are the very fellows who will work the hardest to tear you down; they will put themselves out to work against you, and all because you want some compensation for your work. I find that the practical dead-beat is the most exacting and hardest to please of any class of patients I have, and they or their families are always sick. I am in favor of charity to the deserving poor or those that cannot work, but the person who is able to work and will not, or who will not pay his debts if he could, I have no use for, and I will not be harassed by them, but they will always find someone ready to do their work for the advertising that such a class of patients gives them.

We who have passed the sunny side of life and are now meandering down the shady slope do not hanker after such business, and I think any physician loses his independence and should be censured by the profession, who will get down on his knees and crawl after that kind of business just to get a little *wind* out of it. Forced attention to the poor we cannot help, and is commendable when done in the right spirit, but forced attention to the dead-beat we can avoid, and when given for the sole purpose of getting a little advertising out of it, it is contemptible.

Another way some physicians have of "padding" their business is to make unnecessary visits. That is, they will make two or three visits a day to a patient when one would have been sufficient. They make it all right with the patient, however, by only charging for one visit, or perhaps not at all, when they are well able to make adequate payment for the service rendered. But it gives the public the impression that he is doing a great deal of business. A skilled physician should have compensation for his service, and not make a farce out of it in order to gratify his ambition to get the name of doing a large business.

Some physicians will exaggerate everything they do. If they are called to see a case, no matter how simple it may be, they will look wise and tell the parents or those interested that the patient

is much sicker than they realize; that it is a very critical case, but with close attention he may possibly get him through. They work on the credulity and anxiety of the friends and make them think they have performed a miracle.

That same class of physicians if they do anything in the way of surgery, no matter how simple or void of danger it may be, it matters not whether it requires any skill or not, they will get it into the newspapers and tell how Dr. X performed a very skillful operation by removing a very large tumor from Mr. So-and-So, when upon investigation it was only a small sebaceous tumor or perhaps a corn or something of no consequence whatever, or we will see in the paper Dr. X performed a very delicate operation by removing a foreign substance from the eye of Mr. So-and-So, which in fact was only a small particle of dust or coal. Or if a patient calls at the office and the doctor prescribes for him, you will see in the paper that Mr. B is very sick; Dr. X is waiting on him and, perhaps, that same evening you will meet Mr. B on the street or see him attending to his business without any loss of time.

Has it come to this that a reputable physician must put himself on a level with an advertising quack in order to practice medicine? It seems to me that is where it is drifting to. There is hardly a day that the code is not infringed on and by physicians who claim to be, and pass as representative men, who advertise everything they do, and who employ or have cappers or steerers to work up business for them.

I think I express the sentiment of all conscientious physicians when I say this is one of the most contemptible ways of getting cheap advertising, and getting before the public.

Another grave thing is the lack of professional courtesy some physicians have for others; they think "everything is grist that comes to their mill." It matters not to them how they get it as long as they get it, nor how much *mud* they have to throw at a competitor in order to get a patient away from him; they will throw it just the same. They will steal a case and hold it if they can, before the attending physician has been discharged or before he had any warning that his services were no longer needed. Instead of "pouring oil on the troubled waters" and smoothing the

little dissatisfaction that may arise between the physician and his patient, they will do their best to add fuel to the flames, and supersede the attending physician if they can, it matters not to them what methods they use to do it, if they can only get the coveted patient from their competitor.

Some time ago I had made arrangements to operate on a patient. Had set the price at a very moderate fee and considered it all settled, until one day the husband came to the office and said, "You are not going to charge me as much as you said you would when we first talked of the operation, are you?" I said, "Yes, that is as cheap as I can do it." "Well," he said, Dr. X told me he would do it for so much," naming a price less than one-third of what I had asked. He said it meant dollars and cents to him and that he would have to go where he could get it done the cheapest. I said if that was the way he looked at it, it was all-right; that if Dr. X wanted to work for nothing that was his privilege; that I was not going to underrate my work for any one or to get business away from a competitor. But I finally did the operation and got my price for it, too. It is just such underhanded business as this that causes one to lose faith in the integrity of a brother practitioner. Some may think that I have made unnecessary accusations against some of the medical brethren, others may think it is a personal matter. However, it matters not what may be thought of the motive I had in writing what I have; that does not alter the deplorable facts contained therein. I think all will agree with me when I say that when a physician does an unprofessional thing he should be censured for it; and when a physician joins a medical society having an established fee bill in order that the members of that society may have a uniform price, when he signs that constitution he obligates himself to stand by that fee bill. And when he daily disregards the fee bill, in many instances charging but a small per cent of the established price for his work to patients who are well able to pay; when he does this in order to gain their patronage and to undermine the established practitioner, I think he should be censured. Perhaps you who are in the cities or large towns do not have these grievances; but we who are in the smaller places and in the rural districts have this to contend with, and it is very annoying, to say the least.

GYNÆCOLOGY, OBSTETRICS AND PÆDIATRICS.

UNDER THE CHARGE OF
J. A. SCROGGS, M. D.,
Professor Gynæcology and Obstetrics, Keokuk Medical College, Keokuk, Iowa.
ASSISTED BY
J. C. SHRADER, A. M., M. D.,
Professor Obstetrics and Gynæcology, Iowa State University.
C. E. RUTH, M. D.,
Professor Anatomy, Keokuk Medical College, and Clinical Surgery at St. Joseph's Hospital, Keokuk, Iowa.
D. W. SMOUSE, M. D., *Des Moines, Iowa.*
E. H. KING, M. D., *Muscatine, Iowa.*
H. D. ENSIGN, M. D., *Boone, Iowa.*
JENNIE MCCOWEN, M. D., *Davenport, Iowa.*
D. C. BROCKMAN, M. D., *Ottumwa, Iowa.*

RUPTURE OF THE UTERUS.

By D. Y. Graham, M. D., Morning Sun, Iowa.

THE LITERATURE on rupture of the uterus is meager. It is so because obstetricians who have a large obstetrical practice seldom see a case; and general practitioners who have been so unfortunate are rare. Jolly, I think it was, estimated that there was only about one in 3,500 labors. But it does occur, and when it comes it will carry your patient, in a very short space of time, to the very brink of death. The mortality from complete ruptured uterus is certainly a very large per cent of the cases. I believe, in general practice, where we are not prepared for operation, they all will die.

The case I will report was a healthy Norwegian woman, 30 years old, and the mother of four children. Her former confinements had been perfectly normal except the last one, sixteen months before this one. About all that was known of the trouble at that time was, she was confined to her bed three weeks, and hemorrhage was worse than ever before; greater at confinement, and lasting during the three weeks.

The patient stated, concerning the present confinement, she felt as well as usual during the morning; but, about noon the waters began to drain away. She thought that during the afternoon and evening a quart had passed. She attended to her work during the day, and retired at 9 P. M., but was awakened about midnight, with severe labor pains.

I arrived at 2 o'clock A. M. On examination I found a roomy pelvis, the uterus high up, the os well dilated and a vertex presentation. Everything, as far as I could tell, indicated an easy and natural labor, and that it would soon be completed.

In about twenty minutes I made another examination, and found the first stage of labor progressing nicely, and nearly completed. Hardly had I finished my examination, when the patient gave a terrible shriek, and fainted. Symptoms of collapse appeared, and the pains continued a few minutes, and ceased entirely. A cold, clammy skin, pulse 140, and vomiting; all pointed to internal hemorrhage. I found the head had advanced, and seemed to be fixed in the pelvis. I hastily applied forceps and delivered the woman of a healthy, well developed, living child. I inserted my hand in the uterus, and emptied it with some difficulty. But I failed to get any contraction of the uterus, although I tried every possible way I had ever heard of, and my patient died about an hour after delivery.

On post mortem examination, we found an old laceration of cervix uteri, on the right side; from this laceration there was a complete rupture, extending up through the ring of Baudl, which was completely torn; continuing at least one-half the length of the body of the uterus, the abdominal cavity containing a large quantity of blood. In no other way did our examination reveal anything abnormal.

In this case notice the condition when labor commenced: The uterus was perfectly normal, extensive laceration of the cervix; there had been four previous labors, and no difficulty; and now the body and fundus thicken during a pain, as usual, and perfectly normal, but when the time for the stretching of the lower segment comes, the cicatrix failed to stretch; the overdistended neck of the uterus had been weakened at one side by this laceration of the previous labor. It had been undergoing a change and when the cervix was put on the stretch, this part unable to endure the stretching tore through; the force from behind continuing, the tear continued upward, producing the condition I have already described. Now, I also believe this to be the manner in which this was done, for, at the time of its occurrence, distinctly did I hear a tearing sound; not a single noise as of a sudden rupture or break.

If this be the manner of this accident, which I think it was, a laceration of the cervix uteri is in danger, not only of becoming more extensive, but of extending above the neck into the body of the uterus ; not only of becoming an extensive laceration, but of becoming a complete rupture of the body of the uterus.

This is an accident which occurs, most often, suddenly and unexpectedly. The case I report was a normal presentation, a healthy woman, a multipara, a uterus lacerated, it is true ; but nothing to suggest that there would be such a serious complication. There are cases where warnings of such an accident are before us ; a flexed uterus, a contracted pelvis, weak and diseased ligaments, transverse or shoulder presentation, and others ; and there is no excuse if rupture takes place when they occur under these conditions, and it has been possible for them to be foreseen, and to have been corrected.

I might go on and enumerate the different conditions that will produce a rupture of the uterus, and the correction of the same. I might give the the surgical treatment of a rupture when it does occur ; but I intended that this should be a short and by no means an exhaustive paper ; but this is an accident to which, I think, the medical profession has given too little attention, but as it is such a grave complication, when it does occur, we should in every confinement have it in mind ; and when it is foreseen, which I think it can be in nearly all instances, one of the gravest accidents of labor can in most cases be prevented.

AN OBSTETRIC CASE.

Was called February 23d to attend Mrs. W——, German, farmer's wife, age thirty-seven. Found her having labor pains. On examination found she had quickened September 11th and had gone to her full period. A digital examination showed os high up, no dilatation. Anterior portion of os and upper part of vagina covered with cauliflower growth, making it difficult to find os. Was having a slight discharge of a sanious nature, dark colored but not very offensive in odor. After waiting three hours and there being no increase in strength of pains or dilation of os, gave her a

couple of six grain quinine capsules an hour apart, with the result of increasing uterine contractions. After waiting a reasonable time (three hours) and no advancement toward delivery being made, gave an opiate stopping the pains. The discharge continued without change of character and on the 1st of March there was a return of pains which lasted a few hours, having no effect other than to make the patient nervous. Fœtal pulsation lost, or at least not perceptible March 7th. On March 20th the cauliflower growth had entirely disappeared. Vaginal mucous membrane natural to touch, os high up and patulous, discharge slight but constant and prune juice in appearance, but little odor. Complains of sharp stinging pain in sacral regions, bowels constipated, urine scanty and irritating, both relieved by small doses of cascara and buchu, but no return of labor pain after March 7th. I asked for counsel or release from case on two different occasions, but neither were consented to. On the 20th of May refused to visit or prescribe for, until another physician was called, and notified the husband that if something was not done soon an undertaker would be necessary. On the 21st he sent word that Dr. Barnes, of Creston, was waiting at his house for me. After chloroforming her we removed a dead child (that had weighed ten pounds) in a condition showing it had been dead for two months at least. In its delivery by podalic version, which was somewhat difficult, a transverse laceration or rupture of the vagina in Douglas *cul de sac* that freely admitted the passage of my hand was made, the posterior wall of vagina being dragged down to vulva, the tissues of cervix and upper vagina were infiltrated and so friable as to break on slight pressure. On replacing the posterior wall of vagina I passed my hand up and back of the uterus which measured not more than 4x5 inches and an inch in thickness, the abdominal wall being so thin that it could be accurately traced by fingers of external hand. After cleaning the patient up and fixing her comfortably in bed she reacted nicely, having a normal temperature, pulse 100. She lost but a small amount of blood, having had two 1-30 grain hypodermic doses of strychnia. On the morning of the 22d her temperature was 101.5°, on the 23d 100.5°, on the 24th 99°. Six weeks later she was doing house work and is to-day perfectly sound so far as a digital examination can determine.

At her labor prior to this one, which occurred seven years before, she gives a history of post partum hemorrhage following instrumental delivery on account of face presentation. Could it be that there had been some blood vessel destroyed at that time producing the atrophy of uterus which precluded the natural delivery of the child? Her recovery is a practical demonstration of what antiseptics and strychnia will do in an apparently hopeless case, one in which the delivery had been delayed not less than ninety days.

HYGIENE AND PUBLIC HEALTH.

UNDER THE CHARGE OF
J. F. KENNEDY, M. D.,
Secretary Iowa State Board of Health.
ASSISTED BY
R. E. CONNIFF, M. D.,
Member Iowa State Board of Health, Sioux City, Iowa,
AND WOODS HUTCHINSON, A. M., M. D., *Des Moines, Iowa.*

HEALTHFUL BREAD.

By Joel W. Smith, M. D., Charles City, Iowa.

IF BREAD is the most essential form of human food, it may well be called "the staff of life." It is then highly important that bread should be made in the best possible manner. While it admits of great variation as to material and manufacture, there are essential qualities that cannot be ignored. They are the God-given elements in all the best cereal grains of which bread is made.

Milk is called a perfect food, especially for children, as it contains in proper proportion all the elements necessary for the growth of the young being, child or animal. The fact plainly shows the wisdom and goodness of the Creator. The grains, wheat, rye, oats, barley, corn, rice, etc., also contain elements just as essential for the growth and sustenance of human beings at a little older period of life than when only a milk diet is used.

Fashion is said to rule the world, and not always wisely. If we grow wiser in some things, we are also in great danger of growing weaker in some other things. White flour, and the

whiter the better, has been the rule with most of our most estimable lady cooks until a vast injury has been done to the human race, especially in the United States.

If the mass of the people continue on for a few more generations, like the past few, good teeth will be a thing of the past, and almost any teeth in an adult American will be so unusual as to be a curiosity. Neither will the injury stop with the almost universal loss of the teeth — so essential to good health. Their loss also indicates a general failure or breaking down of all the powers of the body.

Many serious diseases, especially of the digestive organs, are directly caused by improper food, or that which lacks some element or elements necessary for the growth and sustenance of all parts of the human body in a healthy condition. Can we not and will we not learn by observation and experience? Must fashion be followed to the destruction of health and life itself.

God is wiser than we are — is all wise — and constituted the cereal grains in the most perfect manner for food of human beings. In the manufacture of the whitest flour certain elements essential to the nourishment of portions of the body are almost wholly excluded. Unless such elements are replaced in some way, the work of growth and repair for the whole body cannot go on.

The teeth, the nerves, and digestion, are among the first parts to suffer. The dentist, the doctor, and patent medicine man, try their vocation upon all the sufferers — not always knowing the chief cause of their increasing gains. Of what use is the teaching of physiology (?) in our public schools if its lessons are to be generally ignored by fashionable living? The children are not to blame, but parents and teachers must be held chiefly responsible for much sickness and death of the young.

We hear much about high civilization in our land. How does human health and endurance here compare with nations that uniformly use "black" or unbolted flour for bread? Is not high health preferable to so called culture that destroys good health and results in an effete class or nation?

A campaign for correct living is a necessity in our nation, at least, if we do not wish to see others of more robust health soon take our places and of our children. To prevent such a result,

plain, wholesome foods and simple, correct living must soon take the place of much of our present methods. Good bread is about three times as nutritious by weight as the best meat. But the best bread cannot be made from the whitest flour. It must contain a certain proportion of all the excluded portion of the kernel of the grain. Wheat comes the nearest to a perfect food of all the grains, when used in nearly the unbolted form. Good flour cannot be made from poor grain nor good bread of bad flour. Ergot in rye has caused mortification of the limbs.

Most of the bread of civilized nations is made with some form of yeast, and a fair article of bread can be made with the many forms of yeast; but there are objections to all such bread. The effect of yeast is to commence a fermentation, or really a rotting process in the flour, and which is intended to be stopped by baking the dough at the proper stage. It is not always easy or even possible to stop the fermentation at such stage. If done too soon the bread will be heavy. If done too late the bread will be over fermented — a "big loaf," probably sour — and its food value much lessened. The latter form is the kind of bread usually found in most country bakeries and in many families. The large cities usually have good bread, of the kinds made. Alum and other drugs are sometimes used with poor flour and badly managed bread.

By unleavened bread is meant almost any form that is not made with yeast or any form of "baking powder." Aerated bread is now used almost wholly in London and some other cities of Europe, and has been to some extent in American cities. It is made by pressing air into the dough by machinery, and baking at once. It is probably the nearest to a perfect bread, and there is no loss of nutritive value, as happens with all yeast bread. Perhaps from popular prejudice for yeast bread, or the difficulties of the manufacture of aerated bread, yeast bread is still in general use.

The writer firmly believes that there is a more excellent way of bread making than those now in general use, and that it is also some kind of unleavened bread.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF
M. N. VOLDENG, M. D., *Des Moines, Iowa.*

NERVOUS PHENOMENA IN DISEASE AND THE USE OF PSYCHICAL REMEDIES.

By D. C. Bice, M. D., Des Moines, Iowa.

ARE WE, as practitioners of the medical science who have made no special study of diseases of the nervous system, able to recognize and do we fully appreciate the significance of nervous phenomena as exhibited in almost all forms of disease.

Is it not true that we are often unmindful of the intimacy of relationship existing between the nerve fiber and all other tissue, and how dependent is every cell for its nutrition and cleansing upon this delicate tissue and its subtle influence, and through neglect of our knowledge of such alliance disregard the evidences of injury when other symptoms are more prominent. It is natural for us to give our special attention to conditions most apparent and tangible.

Could the ebb and flow of the nervous impulse be estimated as accurately as the circulation of the blood, and could a perversion of action with the resulting evil effect be as definitely determined, I apprehend the study of the phenomena of nervous function, both normal and pathological, would occupy more of the time of the general practitioner than it does to-day.

Perhaps one of the dangers of these days of special work in medicine is the tendency to localize disease and in such localization lose sight of the complex character of almost all forms and conditions of pathology.

I can conceive that notwithstanding the many magnificent and brilliant achievements of modern surgery the tendency to erroneously localize all diseases will be encouraged through the labor of these special workers. To the mind of the surgeon a symptom of disease points to an organ or portion of the human anatomy that ought to grace the shelf of his private office. That may be the

case, and then again it often happens that when the transfer is accomplished in a very scientific and up-to-date manner, the surgeon makes the discovery that the offending organ or portion has been simply a storm center for the exhibition of a perverted nervous impulse and he would it were relocated where nature first placed it.

If the nervous system had been as well understood a few years ago as to-day there would now be fewer unsexed people in existence. The wave of mutilation would have carried vastly fewer remnants of the female anatomy than it has borne, and we would have known without dear experience that all diseases with which women suffer do not depend upon a diseased womb or ovary. We would have known that a diseased menstrual function instead of being the cause was often the result of a disordered nervous system. As one author states, we are coming to see that the uterus and ovaries are not entities,— they are but agencies for the manifestation of a force generated in the nervous system, and often in extirpating we have simply removed a result. At a frightful cost we have learned these lessons of the great danger of mistaking local expressions of disease for a deranged whole.

It is a curious fact the further we advance in medicine the more apparent becomes the necessity for specialism, but when the specialist is lacking in knowledge of general medicine, or becomes so engaged in his special line as to lose sight of the complicated character of disease, he is then most assuredly lacking in his equipment for special work.

The well furnished general practitioner has a broad medical mind ; his work leads him in many fields and, if conscientious and faithful to his profession, he cannot become narrow and short-sighted in his views of disease. Yet, I think he is often sadly lacking in accurate knowledge of nervous manifestation and the ability to correctly estimate the far-reaching effects of perverted nervous influence. Perhaps the primary cause of the neglect of so important a branch is traceable to our schools, where, until recently, competent instruction in neurology has been almost entirely wanting. Diseases of the nervous system and general medicine go hand in hand—they touch at every point so that it is utterly impossible for one to be a neurologist without knowing general

medicine, and likewise is it impossible for one to be well qualified for general work without having a more specific knowledge of neurology than the average man now possesses. He may not be able to traverse to the extreme limits all the winding paths familiar to the specialist, yet he must know enough of that branch to recognize and appreciate its importance as a usual complication.

It is encouraging to note, however, that the nervous system as a factor in pathology is receiving more attention now than formerly. Now the laity talk as glibly of neurasthenia and nervous prostration as the good doctor did a few years ago, and many a time has the good doctor been relieved from embarrassing situations by appealing to this general knowledge.

In the use of psychical remedies the ordinary practitioner is perhaps more at fault than in the recognition and appreciation of nervous influence as a complication of disease.

Were you to question any physician of experience as to his belief in psychical control or influence upon the physical nature under morbid processes as well as normal he will unhesitatingly and emphatically acknowledge such influence ; yet it seems to me we of the regular profession do not make the most of this powerful remedy in every-day work. Perhaps we are too much afraid of being called dishonest. In our effort to avoid quackish method we may easily pass to the other extreme.

If there is any excuse on earth for the existence of the genuine *lying quack*, it is the fact that he does come upon the scene at times when the too honest doctor has read the death sentence, and imparts that confidence, trust and hope to the hopeless that for days and weeks, possibly, cheer and gladness reign where otherwise despair would have held full sway. Fellow physicians, do not neglect so puissant an ally in the struggle you are making against death. In dealing out your medicine let hope be given in the most heroic dosage. Perchance you may have to simulate, and even prevaricate, at times. If so, do not be timorous or vague, and trust to hope for results for your justification. I do not believe it is the duty of the physician to ever become the executioner of his patient, and before God I believe he will be exonerated for a slight deviation from the path of truth if such a course be necessary to summon to his aid an assistant so potent as hope

and confidence. Never betray anxiety before your patient. You are often weighed down with it, I know, but educate your features to obey your will, and that should be to assume such action and appearance as will fortify and encourage your patient under all conditions.

AN X-RAY STORY.

An X-ray story comes from near Sioux City. A father thought he saw his two-year-old son swallow a gimlet. A doctor tried to pump the gimlet out with a stomach pump. Emetics were used. For three weeks it is said the local brethren dosed the child in various ways to cure him of the gimlet. In the meantime the child grew thinner and thinner. It was the unanimous belief that the child and the gimlet could not get along well permanently together. And it was as unanimously agreed that the gimlet would come out winner. A Chicago expert applied a $300 X-ray from head to foot but no gimlet was found in any corner of his anatomy. Some of the surgeons wanted to search with a knife, but the child was fortunately too weak from the medication. The father returned home and sadly awaited the end. It came suddenly one day when the father was walking in the back yard and found the gimlet on the ground where the child had been at play when he was supposed to have swallowed it. The treatment was stopped and the child rapidly regained his strength.

Speaking of the X-ray, it has been admitted into an Iowa court of law. In a recent case against Dr. Lewis Schooler for malpractice an X-ray picture of an elbow was admitted in evidence. Judge Spurrier, after some hesitation, admitted it. The case, however, was dismissed as all the evidence showed plainly that the results in the case were better than the average under any line of treatment.

IOWA MEDICAL JOURNAL.

A MONTHLY JOURNAL
Devoted to the Interests of the Iowa Profession.

Subscription, $2.00 per year, in advance.

Address Communications to J. W. KIME, M. D., Des Moines, Iowa.

VOL. III. APRIL, 1897. No. 4.

Opposition. In an article in the Iowa Health Bulletin the secretary of the State Board of Health opposes the new medical practice act. He is opposed to the examation of all who would, after the beginning of 1899, begin the practice of medicine in Iowa. He argues that a man who has the right to practice in Illinois, New York or Missouri (God save the mark!), should have the same right to practice in Iowa.

Does not the secretary know that Missouri has turned all kinds of quackery loose and has just legalized osteopathy?

He argues that it is unconstitutional because "the citizens of each state shall be entitled to all privileges and immunities of citizens in the several states." In other words, a quack who has been allowed free scope in Missouri shall have the same liberties in Iowa.

Inasmuch as the secretary was present at many of the meetings held when this section of the bill was discussed and raised no objection to it, it now looks like an act of bad faith. What clause will he attack next?

We believe that this is not the sentiment of the board of examiners. We think the article, however, should not have appeared in the official bulletin of the board.

Dr. F. W. Porterfield sends in the following:

ATLANTIC, Iowa, April 12, 1897.

Dear Doctor,—Why would it not be a good idea for the physicians to take some concerted action in the matter of protecting themselves from malpractice suits? We have seen the result of organization in the passage of the new medical law, and I am sure that the matter referred to is of great importance to us, and that the evil is growing. In the last twelve months

there have been two suits of this character started, and two more threatened, all in this county. I am in favor of the organization of what might be termed a mutual protective association of physicians and surgeons of all schools (recognized) of practice, each member to pay annually a small sum, the proceeds to be used to retain first-class legal talent by the year, his services to be given to any member in good standing who might be attacked. I think that the moral effect of thorough organization, and the knowledge that we were banded together to resist such suits, would do much to diminish their frequency, while the sense of security from the onslaughts of ungrateful patients and unscrupulous lawyers, would be worth the small sum it would cost each. The writer has never been the defendant in a suit of this kind, and so far he knows of none pending, or threatened; but I think that the profession could not do better than to look after its own interests in this matter. Fraternally,

FRANK W. PORTERFIELD.

CHICAGO, Ill., April 3, 1897.

Dr. J. W. KIME, Des Moines, Iowa.

Dear Doctor,—We believe that the comfort of those American physicians, who with their relatives and friends, intend visiting Moscow during the meeting, next August, of the Twelfth International Medical Congress, will be greatly enhanced and the journey itself rendered more interesting and pleasant, as well as economical, by proceeding as one party, instead of traveling singly or in small groups. Acting on this belief we have secured considerable reductions in the ordinary steamship, railway and hotel rates and have succeeded in arranging the enclosed itinerary with the well-known tourist agents, Messrs. Cook & Sons. They assure us that the charges quoted are as low as compatible with first-class service throughout the trip.

An educated conductor will accompany each section of the party and the journey may be broken at almost any point, to meet emergencies.

Will you assist in giving America her proper representation at the congress by publishing a full notice as the excursion as you can and, if possible, by joining it yourself? Very truly yours,

N. SENN,	D. R. BROWER,
CASEY A. WOOD,	J. B. MURPHY,
HAROLD N. MOYER,	D. A. K. STEELE.
EUGENE S. TALBOT,	B. F. WHITMORE.

The itinerary referred to we have mislaid, but it is a delightful one and will touch at all the important points in Europe this side of Moscow.

Some of the views taken by members of the profession concerning THE JOURNAL and the new medical practice act.

Dr. Hornibrook writes us :

CHEROKEE, Iowa, April 5, 1897.

My Dear Dr. Kime,—After the fall of Vicksburg General Sherman was looking over the ruins. In reply to some remark, he said : "The whole credit belongs to Grant. I was consulted and advised against it."

So, in reference to the recent medical legislation, I would say the whole credit belongs to Kime and his associates. "I was consulted and advised against it."

Congratulating you upon your success, I am sincerely yours,

EDW. HORNIBROOK.

Dr. Gershom Hill :

INDEPENDENCE, Iowa, March 27, 1897.

Dr. J. W. KIME, Des Moines, Iowa.

My Dear Friend,—I wish to extend our congratulations to you on account of your efforts in securing the passage of the medical practice act, which is of value to the public. This achievement I feel sure will cause many of the subscribers of THE IOWA MEDICAL JOURNAL to esteem their editor more highly than ever before. Sincerely your friend,

GERSHOM H. HILL.

Dr. H. C. Markham :

INDEPENDENCE, Iowa, April 9, 1897.

J. W. KIME, M. D., EDITOR IOWA STATE MEDICAL JOURNAL.

Dear Sir,—Enclosed please find money order for $3 to apply on my subscription, and for five extras of the March issue. It must be allowed that by one stroke THE JOURNAL has earned a right to existence and successful continuance. While all others were not asleep during the onslaught of Osteo-quackery, etc., upon the people of Iowa, nevertheless, THE JOURNAL was the center of defense and counter attack. May its kind never grow less. Yours truly,

H. C. MARKHAM.

Dr. W. A. Rohlf, secretary Austin Flint Medical Society :

HAMPTON, Iowa, April 9, 1897.

Dr. J. W. KIME, Des Moines, Iowa.

Dear Kime,— * * * Glad the medical bill went, and you deserve great credit for your work in its behalf. Our society, to every man, is proud of THE JOURNAL and give it credit for its influence in matters of professional advancement for which it so nobly strives and has striven. Again hoping you success, I remain, yours fraternally,

W. A. ROHLF.

STATE NEWS.

The Austin Flint Medical Society expects to send fifty delegates to the state society at Marshalltown.

The ten-year-old son of Dr. I. H. Fry, of Marshalltown, was instantly killed on April 25 by being thrown from a horse.

Council Bluffs and Des Moines are suffering an epidemic of measles, Marshalltown almost an epidemic of typhoid fever.

Dr. Abigail D. Wade, of Des Moines, has been selected as interne at the Clarinda insane hospital, and Dr. Madeline Folkeland at Mt. Pleasant.

Dr. J. A. Noel, of Redfield, died at Mercy Hospital, Des Moines, about the middle of April from septic peritonitis, following appendicitis operation.

Some of the female wards of the insane hospital at Independence have been quarantined for diphtheria. A number of cases and one death have occurred.

Dr. Gershom H. Hill has been selected chairman of the section of Mental and Nervous Diseases, Iowa State Medical Society, vice Dr. E. H. Smith, resigned.

Sioux City Medical College graduated a class of ten in April. This school is quietly building up and has recently become a member of the American Medical College Association.

Dr. C. H. DeWitt, of Glenwood, Dr. A. S. Campbell, of Mt. Vernon, and Dr. W. R. Whitenall, of Hastings, have been appointed examining board for pensions in Mills county.

The annual meeting of the North Iowa Medical Society will be held in Masonic Hall, Postville, June 4, 1897. W. L. Duffin, M. D., president; M. D. Brown, M. D., secretary-treasurer.

Dr. J. H. Walton, a young physician of Dubuque, committed suicide by cutting his throat with a razor in Lincoln park, Chicago, April 4. He was suffering from a mild mental derangement.

The medical profession of Iowa should congratulate itself on the passage of so excellent a law. On two sides of us—Illinois and Missouri—the osteopaths and quacks had a walk away. We will send our brethren a plan of organization, which if they will follow, they will meet with better results. Dr. Donald Macrae, of Council Bluffs, can give them the pointers.

The fortieth annual session of the Missouri State Medical Society will be held at St. Louis on May 18, 19 and 20, 1897. We note that all papers read before the society are by Missouri men.

Dr. T. J. Caldwell, of Adel, one of the most prominent medical men of Iowa, and an ex-senator, was severely injured in a runaway April 6. Several ribs were broken and other injuries sustained.

Frank Clarkson, of Des Moines, son of the editor of the *Register*, was married on April 29 to Miss Louise Knott, of Sioux City. Miss Knott is the lovely daughter of Dr. Van Buren Knott, of Sioux City.

Many of our friends throughout the state seem to misunderstand the new medical law. The discussion printed in the March issue and the changes made were in the original bill. The law will be just as printed in the March number of THE JOURNAL.

We acknowledge receipt of program of the graduating exercises of the sixth class Attendants' Training School in the hospital for the insane, at Independence, which occurred on April 14, 1897. The class address was delivered by Dr. J. Scott Stevens, of Cedar Falls.

We hear the name of Senator Berry, of Indianola, mentioned in connection with the gubernatorial office. Should he become a candidate we hope every physician will rally to his support. He is an honest man and holds that no quack in any profession should be tolerated He made an eloquent plea for high medical qualifications.

The candidate crop at Marshalltown seems to be short. For president Dr. F. S. Thomas, of Council Bluffs, seems to be the only one talked of. As he so gracefully stepped out of the way for Dr. Shrader last year, he will no doubt have no opposition this year. For secretary we have heard no one mentioned except Dr. J. W. Cokenower, of Des Moines. For treasurer we have heard the name of Dr. H. E. W. Barnes, of Creston, mentioned, in addition to that of Dr. G. R. Skinner, of Cedar Rapids.

We this month add to our advertising list the Imperial Granum Company. We trust the profession throughout the state will avail themselves of the use of the products of this house, not only because of the high class of the food itself, but because of the

great care the house exercises in placing it only through the medium of the profession.

The annual meeting of the Polk County Medical Society took place Tuesday evening, May 4, 1897, at the Harris-Emery lunch rooms. The banquet occurred at 6:30, followed by toasts and later the business meeting. Toasts were responded to by several members of the legislature, followed by the annual addresses by Dr. Lewis Schooler and Dr. E. H. Hazen. At the business session the amendments to the constitution and by-laws of the society were brought up for final vote, the annual election of officers took place, and delegates were chosen to the State Society and American Medical Association.

The Jasper County Medical Society met in the city hall, in Newton, Iowa, Tuesday, April 20, 1897. The following was the program: Clinic and lecture, Prof. C. S. Neiswander, Chicago, Ill.; paper, "Heart Lesions from Reflex Causes," Dr. J. T. Robbins, Newton; paper, "Some Hospital Observations," Dr. L. C. S. Turner, Colfax. The lectures during the afternoon and evening by Prof. Neiswander comprised the following topics: 1. "What is Electricity?" 2. "Electro-Physics from a Medical Standpoint." 3. "Electro-Therapeutics." 4. "Electro-Therapeutical Accessories."

The second annual meeting of the Sioux Valley Medical Association will be held at Rock Rapids, Iowa, June 16, 1897. Papers prepared for this meeting should be reported to the secretary or chairman of section by June 1, 1897. Chairmen of sections: Medicine, Dr. F. A. Spafford, Flandreau, S. D.; Surgery, Dr. J. A. Sherman, Cherokee, Iowa; Orthopedic Surgery, Dr. A. C. Bergen, Sioux City, Iowa; Obstetrics, Dr. M. W. Richey, Le Mars, Iowa; Gynæcology, Dr. J. N. Warren, Sioux City, Iowa; Pediatrics, Dr. A. H. Tufts, Sioux Falls, S. D.; Opthalmology, Dr. J. C. Dunlavy, Sioux City, Iowa. Dr. S. A. Brown, President, Sioux Falls, S. D.; Dr. J. N. Warren, Secretary, Sioux City, Iowa.

REPORT OF MEETING.

By W. A. Rohlf, M. D., Hampton, Iowa.

The Austin Flint Medical Society met at Hampton, Iowa, April 6th. About fifty physicians were present — a large number, considering the conditions of the season. The following program was rendered :

Address of welcome, Attorney J. Y. Luke, Hampton ; response, Dr. E. C. Miller, Rockwell.

"Neurasthenia," Dr. E. L. Goss, of Sheffield. Discussed by Drs. Cokenower, Finlayson, Boody and Miller.

"Iritis," by Dr. W. L. Grant, of Ft. Dodge ; this paper was read by Dr. E. C. Miller, as Dr. Grant was not present. Discussion by Drs. Sanders, Murphy, Babcock, Miller and Finlayson.

Recess for collection of dues.

Paper by Dr. Geo. Boody, entitled "X-Rays," with photographs by author. This was a particularly meritorious paper, and having the tubes and flouroscope present it was also a very practical and instructive one. Great interest in this paper was manifested by the many pertinent questions asked and remarks made.

Dr. S. M. Mann then presented a case of lupus erythematoses ; Dr. M. P. Brown a case of cleft palate, and Dr. F. E. McGlone presented a case of splenic leukæmia.

Dr. N. E. Mighell, of Marshalltown, sent up a paper on "The Surgical Treatment of Tendons," which was read by Dr. Pauline Myers. Discussion by Drs. Hoxie, Hutchins, Finlayson, Cokenower and Myers.

"Extra-Uterine Gestation" was the title of a very complete paper by Dr. J. B. Tedrow, of Williams, Iowa. Discussed by Drs. Gardiner, Finlayson, Whitney, Sanders, Boody, Wallace and Hobson.

Dr. G. C. Stockman, the retiring president, then read his address. This was full of live thoughts and suggestions. He advocated a higher standard of general education for medical students. He mentioned the usual unsatisfactory results of expert testimony, and on his suggestion a committee was appointed to procure a paper upon the subject for the Clear Lake meeting.

Through the suggestion of this address the following resolution was adopted by the society:

Resolved, That the fitting of glasses to the eyes is practicing medicine, and that in order to carry out the functions of the physician in this particular it is necessary that one should have that knowledge which can only be acquired by complying with the laws governing medical practice.

The next meeting will be a two days' session at Clear Lake sometime during July next.

At 6:30 P. M. the society enjoyed a banquet at the M. E. church parlors. The program there given was as follows: "Our Guests," Rev. J. C. Magee; "Babies," Dr. A. Babcock; "Our American Physicians," Dr. W. A. Rohlf; "Where Are We At," Dr. J. W. Cokenower; "Lawyers and Doctors," Attorney B. H. Mallory; "The Ladies," Attorney E. P. Andrews; "Medicine of the Future," Dr. O. B. Harriman; "The Last Consultant, the Clergy," Rev. J. W. Ferner; speech, D. W. Dow, mayor.

During the meeting a motion was carried that the treasurer send a synopsis of his yearly report to THE IOWA MEDICAL JOURNAL for publication, and is here given with a few other items of interest:

Balance on hand, April 7, 1896	$ 9.54
Initiation fees received during year	50.00
Dues received during year	63.00
Total	$122.54
Entire expense	112.80
Balance	$ 9.74
New members received during the year	50
Total membership, active	150
Total honorary members	10
Total attendance of members for year	183
Total number visiting physicians	150
Total attendance at the three meetings	333
Average attendance	111
Papers read and discussed	30
Number of cases presented	12

During the meeting a committee was appointed to draw up resolutions regarding the sad death of Dr. O. P. Hanson, of Ackley, one of our bright and able young members.

Election of officers resulted as follows: President, Dr. E. C. Miller, Rockford; vice-president, Dr. Ira K. Gardiner, New Hampton, secretary and treasarer, Dr. W. A. Rohlf, Hampton.

New members received: Dr. C. H. Smith, Clarksville; Dr. E. W. Jay, St. Anthony; Dr. F. H. Cutler, Cedar Falls.

BOOK REVIEWS.

WARNER'S POCKET MEDICAL DICTIONARY OF TO-DAY. Comprising pronunciation and definition of 10,000 words and terms used in medicine and associated sciences. By William R. Warner, Philadelphia. 340 pages; cloth; $1.00.

THE INTERNATIONAL MEDICAL ANNUAL: A work of reference for medical practitioners. A resume of the year's work in medicine and surgery. The annual, as a work of reference, is both convenient and useful. It contains briefly all that is new and useful which has been brought out during the year. In cloth, $2.75; 725 pages. New York: E. B. Treat, 241 West Twenty-third street. Chicago: 199 Clark street.

A MANUAL OF THE PRACTICE OF MEDICINE: A condensed text-book prepared especially for students. By A. A. Stevens, A. M., M. D., lecturer on Terminology and instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College of Pennsylvania; Physician to St. Agnes Hospital, to the Out-Patient department of the Episcopal Hospital and to the Southeastern Dispensary, Philadelphia. Fourth edition, revised and enlarged. Illustrated. One volume, 509 pages. Cloth, $2.50. W. B. Saunders, Philadelphia.

The first volume of the International Clinics has reached us. It is a quarterly of clinical lectures on medicine, surgery, neurology, gynæcology, obstetrics, ophthalmology, laryngology, pharyngology, rhinology, otology, dermatology and specially prepared articles on treatment. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. The work is larger than last year and shows much more care in its preparation. In cloth; four volumes of 360 pages. J. B. Lippincott, Philadelphia.

DISEASES OF THE EAR, NOSE, THROAT AND THEIR ACCESSORY CAVITIES: A condensed text-book by Seth Scott Bishop, M. D., LL. D. Professor in the Chicago Post Graduate Medical School and Hospital; surgeon to the Illinois Charitable Eye and Ear Infirmary; consulting surgeon to the Illinois Masonic Orphans' Home and to the Silver Cross Hospital, of Joliet; formerly surgeon to the South Side Free Dispensary and to the West Side Free Dispensary; member of the International Medical Congress, the Pan-American Medical Congress, the American Medical Association, etc. Illustrated. One volume, 500 pages; cloth. This is a well written and nicely illustrated volume, and brings the subject of which it treats down to date.

MEETING OF THE IOWA STATE MEDICAL SOCIETY.

Program of the forty-sixth annual meeting of the Iowa State Medical Society, in Sieg opera house, corner South First avenue and East Church street, Marshalltown, Iowa, May 19, 20, 21, 1897. Pilgrim Hotel headquarters, Third avenue and East Main street. Physicians and their friends are cordially invited to attend.

Officers: President, Dr. John C. Shrader, Iowa City; first vice-president, Dr. Edward Hornibrook, Cherokee; second vice-president, Dr. Edward L. Baker, Indianola; secretary, Dr. Jas. W. Cokenower, Des Moines; assistant secretary, Dr. Cassius C. Cottle, Marshalltown; treasurer, Dr. George R. Skinner, Cedar Rapids.

Chairmen of sections: Ophthalmology and otology, Dr. Frank E. Sampson, Creston; surgery, Dr. Richard W. Hill, Davenport; state medicine, Dr. Frederic S. Thomas, Council Bluffs; obstetrics and gynæcology, Dr. James R. Guthrie, Dubuque; materia medica, Dr. Henry A. Leipziger, Burlington; theory and practice, Dr. George A. Smith, Clinton; mental and nervous diseases, Dr. Gershom H. Hill, Independence.

The meeting will be held in Seig opera house, corner of First avenue and East Church street, beginning Wednesday, May 19, 1897, at 10 A. M. The general order of business will be:

Calling meeting to order, prayer, addresses of welcome and response, and reading of minutes; reading notes from absentees, new business, resolutions; report of committee on arrangements; appointment of committee on nominations; president's annual address; report of sections; report of committee on ethics; report of committee on publication; report of committee on nominations; report of committee on legislation; report of committee on necrology; report of trustees and finance committee; report of secretary and treasurer; miscellaneous and new business.

COMMITTEES.

Finance: Dr. Charles S. Chase, Waterloo, chairman; Dr. Charles C. Graham, Baxter; Dr. Josiah F. Kennedy, Des Moines;

Arrangements: Dr. H. Landis Getz, chairman; Dr. Frank Boucher, Dr. Fred L. Lierle, Dr. George W. Harris, Dr. Winfield S. Devine, Dr. Pauline Myers, all of Marshalltown.

Publication: Dr. Henry B. Young, Burlington, chairman; Dr. John W. Kime, Des Moines, secretary; Dr. Donald Macrae, Council Bluffs; Dr. William B. Small, Waterloo; Dr. Fred J. Will, Eagle Grove; Dr. Geo. R. Skinner (*ex-officio*), Cedar Rapids; Dr. James W. Cokenower (*ex-officio*), Des Moines.

Ethics: Dr. David S. Fairchild, Clinton, chairman; Dr. Arthur L. Wright, Carroll; Dr. Lewis Schooler, Des Moines; Dr. Cicero M. Hobby, Iowa City; Dr. George F. Jenkins, Keokuk.

Legislation: Dr. David C. Brockman, Ottumwa, chairman; Dr. Andrew W. McClure, Mt. Pleasant; Dr. William D. Middleton, Davenport; Dr. Andrew C. Bergen, Sioux City.

Necrology: First district, Dr. Frank C. Mehler, New London; Second district, Dr. Elmer F. Clapp, Iowa City; Third district, Dr. Charles S. Chase, Waterloo; Fourth district, Dr. Elmer E. Overfield, Elma; Fifth district, Dr. Joseph L. Powers, Reinbeck; Sixth district, Dr. Joseph R. Gorrell, Newton; Seventh district, Dr. E. Luther Stevens, Des Moines; Eighth district, Dr. Theodore P. Stanton, Chariton; Ninth district, Dr. Rebecca Hanna, Red Oak; Tenth district, Dr. Ira L. Welch, Humboldt, Eleventh district, Dr. Royal L. Cleaves, Cherokee.

PROGRAMME.

First day, Wednesday, May 19, 1897—Morning session, 10:00 A. M.: Calling to order by president, Dr. John C. Shrader, Iowa City; prayer by Rev. Francis Wayland Parsons, Marshalltown; address of welcome, Hon. C. S. McFarland, Marshalltown; response, Dr. Lewis Schooler, Des Moines; reading minutes of last annual meeting; reading notes from absentees; report of committee on arrangements; new business, resolutions, etc.; appointment of committee on nomination of officers.

Afternoon session, 1:30 P. M.: Report of committee on arrangements; president's address, Dr. John C. Shrader, Iowa City.

Ophthalmology and otology—(Sub-section, ophthalmology): Report of chairman, Frank E. Sampson, Creston; "Treatment of Trachoma," Dr. Robert M. Lapsley, Keokuk; "Seripiginous Ulcers of the Cornea," Dr. Burdette D. La Force, Ottumwa; "Influence of Diseases of Nasal Accessory Sinuses on the Eye,"

Dr. Michael F. Patterson, Des Moines. Discussion opened by Dr. A. Raymond Amos, Des Moines.

Sub-section, otology: "Non-Suppurative Inflammation of Middle Ear," Dr. Charles M. Robertson, Davenport; "Deafness from or with Brain Lesions," Dr. Henry B. Young, Burlington.

Surgery: Report of chairman, Dr. Richard W. Hill, Davenport; "Curiosities in Surgical Pathology," Dr. William D. Middleton, Davenport; "Rate of Mortality in Appendicitis," Dr. Joel H. Greene, Dubuque. Discussion opened by Dr. William F. Graham, Atlantic.

Evening session, 7:30 P. M.:

Report of committee on arrangements; report of committee on ethics; "Surgery of the Biliary Ducts," Dr. John E. Summers, Jr., Omaha. Discussion opened by Dr. Lewis Schooler, Des Moines. "The Nature and Practical Manipulation of the Roentgen Rays," Dr. Leon W. Andrews, Iowa City, with demonstrations; "Medico-Legal Aspect of the Roentgen Rays," Dr. Cicero M. Hobby, Iowa City. Discussion opened by Dr. Henry E.W. Barnes, Creston. "Fracture of the Cranium," Dr. Frederick W. Powers, Reinbeck. Discussion opened by Dr. Jonathan H. Kersey, Stuart. "Surgical Treatment of Gastric Ulcers," Dr. Van Buren Knott, Sioux City. Discussion opened by Dr. Charles E. Ruth, Keokuk. "Electricity in Surgery," Dr. Adolphus H. Carter, Council Bluffs; "Torticollis: Report of Case," Dr. James W. Cokenower, Des Moines. Discussion opened by Dr. William Jepson, Sioux City. "Hernia," Dr. Frank W. McManus, Gilmore City; "Specific Gummata," Dr. Daniel W. Findayson, Des Moines.

Second day, Thursday, May 20, 1897 — Morning session, 9:00 A. M.: Prayer by Rev. James Edmondson, Marshalltown; report of committee on arrangements; report of committee on publication.

State medicine: "Sanitation in Our Public Schools," Dr. Frederic S. Thomas, chairman, Council Bluffs. Discussion led by Dr. John W. Kime, Des Moines. "Hospital Sanitation," Dr. Gershom H. Hill, Independence. Discussion led by Dr. Frank C. Hoyt, Clarinda. 'Our Water Supply," Dr. Alonzo W. Cantwell, Davenport. Discussion led by Dr. Vernon L. Treynor, Council Bluffs. "The Relation of the Government to Public Health," Dr.

Henry B. Jenkins, Council Bluffs. Discussion led by Dr. Pierce J. Fullerton, Waterloo. "The Prevention of Tuberculosis," Dr. Josiah F. Kennedy, Des Moines. Discussion (of both papers) led by Dr. Robert E. Conniff, Sioux City.

Obstetrics and gynæcology—(Sub-section, obstetrics): Report of chairman, Dr. James R. Guthrie, Dubuque; report of two cases of obstetrics, Dr. George F. Jenkins, Keokuk; "Extra-Uterine Pregnancy: (a) Etiology, Pathology and Diagnosis, Dr. Abraham J. Hobson, Hampton; (b) Treatment, Dr. David C. Brockman, Ottumwa. Discussion opened by Dr. Joseph A. Scroggs, Keokuk.

Afternoon session, 1:30 P. M.: Report of committee on arrangements; report of nominating committee.

Sub-section, gynæcology: "Treatment of Intra-Ligamentous Cysts," Dr. Arthur L. Wright, Carroll. Discussion opened by Dr. Edward Hornibrook, Cherokee; "Uterine Fibroids," (a) Etiology, Pathology and Diagnosis, Dr. William B. La Force, Ottumwa (b) Treatment, Dr. Isaac S. Bigelow, Dubuque. Discussion opened by Dr. Daniel W. Crouse, Waterloo. "Auto-Intoxication," Dr. Robert E. Conniff, Sioux City. Discussion opened by Dr. Charles S. Chase, Waterloo. "Uterine Displacements," Dr. Frank W. McManus, Gilmore City.

Materia medica: Report of chairman, Dr. Henry A. Leipziger, Burlington; "Water," Dr. Charles E. Ruth, Keokuk. Discussion opened by Dr. Joseph M. Emmert, Atlantic, and Dr. David F. Monash, Des Moines. "Food," Dr. George B. Little, Burlington. Discussion opened by Dr. David C. Brockman, Ottumwa. "Action of Chloroform and Ether on the Heart," Dr. Gerhard H. Eiskamp, Washington. Discussion opened by Dr. George F. Jenkins, Keokuk, and Dr. Daniel W. Lumbeck, Mediapolis.

Practice of medicine: Report of chairman, Dr. George A. Smith, Clinton; "Epilepsy," Dr. Jennie McCowen, Davenport. Discussion opened by Dr. Gershom H. Hill, Independence.

Evening session, 7:30 P. M.: Report of committee on arrangements; report of committe on legislation.

Practice of medicine, continued: "Some Emergencies in Medical Practice," Dr. Edward E. Dorr, Des Moines; "Clinical

Study of the Sabula Food Poisoning Epidemic," Dr. Alexander Crawford, Miles; "Gastric Catarrh," Dr. Fred J. Will, Eagle Grove; "Treatment of Pneumonia by Application of Cold," Dr. Vernon L. Treynor, Council Bluffs. Discussion opened by Dr. Joel H. Greene, Dubuque.

Adjourned to 9:00 o'clock sharp to the reception at Forney's Hall.

Third day, Friday, May 21, 1897—Morning session, 9:00 A. M: Prayer by Rev. J. Burleigh Albrook, Marshalltown; report of committee on arrangements; report of committee on necrology.

Practice of medicine, continued: "Hydro-Therapy in General Practice," Dr. Charles S. Chase, Waterloo; "Hysteria," Dr. Philo J. Farnsworth, Clinton. Discussion opened by Dr. Henry A. Gillman, Mt. Pleasant; "Angina Lacunaris," Dr. Frank H. Boucher, Marshalltown; "Laryngeal Diphtheria," Dr. Smith A. Spilman, Ottumwa. Discussion opened by Dr. Wm. L. Allen, Davenport.

Mental and nervous diseases: Report of chairman, Dr. Gershom H. Hill, Independence; "Some Functional Disorders of Speech," Dr. Sanger Brown, Chicago, Ill.; "Neurasthenia, with Report of Cases," Dr. Frank S. Smith, Nevada; "Reflex Action of Certain Rectal Diseases Upon Nervous System," Dr. Rufus D. Mason, Missouri Valley.

Afternoon session, 1:30 P. M.: Report of committee on arrangements; reports of finance committee and trustees; report of secretary and treasurer.

Mental and nervous diseases, continued: (Not announced), Dr. M. Nelson Voldeng, Des Moines; "Vascular and Kidney Lesions Among Insane," Dr. Albert M. Barrett, Independence.

Adjourn 3:00 o'clock sharp, to visit the Soldiers' Home.

NOTICES.

Other state meetings: Illinois State Medical Society, at East St. Louis, May 19, 1897; Missouri State Medical Society, at St. Louis, May 19, 1897; Nebraska State Medical Society, at Lincoln, May 19, 1897; Minnesota State Medical Society, at Mankato, June 16, 1897.

Auxiliaries: Iowa State Medical Society has fifty-three auxiliary medical societies with a total membership of over fifteen hundred.

Preliminary meeting: The officers and chairmen of sections are requested to meet in the Pilgrim Hotel parlors, Tuesday, 8:00 A. M., in Marshalltown, May 19, 1897, to hold a preliminary business meeting, to which all members are cordially invited.

Rules governing sections: No section shall have the attention of the society more than four hours until the whole list of sections shall have been called, and no paper shall be allowed more than twenty minutes, and the same time for discussion, unless ordered by the society.

How to become members: Each district, county or local medical society, is entitled to one delegate to the State Society for every three members, or fraction of two-thirds, in good standing, and the state insane, deaf and dumb, and blind asylums are each entitled to one delegate.

Reduced railway fare: In order to secure the reduced rate of one and one-third fare, for round trip, certificate plan, take a receipt from your local agent, or agents, if not a through ticket, and present same early in the session to Dr. H. Landis Getz, chairman committee on arrangements, who will see that it is properly signed, stamped and returned.

Soldiers' Home: The committee on arrangements have thoughtfully planned for a trip to the Soldiers' Home, on Friday, May 21, at 3:00 P. M., to which all the members and their friends are cordially invited, returning at 5:00 P. M., in ample time for out-going trains.

Amendment to the constitution—"Sec. 6: That the members of the society who may remove from the state, may be elected non-resident members, and thus retain their connection with the society. That the present section 6 of article III. be known as section 7."

"Article IX (4th paragraph). The following standing committees, one member each, shall be appointed by the president · Committee on medicine, surgery and obstetrics, with sub-committees—

"To medicine: 1. Materia medica. 2. Hygiene. 3. State medicine. 4. Mental and nervous diseases.

"To surgery: 1. Ophthalmology. 2. Otology and Laryngology.

"To obstetrics: Gynæcology."

Reception: On Thursday, May 20th, at 9:00 o'clock sharp, the committee on arrangements, assisted by the citizens of Marshalltown, will give a grand reception and ball, with light refreshments, in Forney's Hall, to which all visiting physicians, their families and friends are invited. The committee on arrangements has spared no means for our society's welcome and entertainment, and every member should avail himself of Marshalltown's hospitality and benefits to be derived from this programme, and make arrangements to be present.

The American Medical Association will celebrate its golden wedding and birthplace at Philadelphia, June 1, 1897, and Iowa's delegates will be elected at this meeting and our number limited to one for every ten members, and those expecting to go should report early to the secretary or their member of the nominating committee. The rate will be one and one-third fare for the round trip, certificate plan, on all roads.

OUR PROTEST.

In our last issue we had something to say about the Iowa College of Physicians and Surgeons—the medical department of Drake University. We reproduced a prescription for which, on complaint of some one friendly to the school, THE JOURNAL was withheld from the mail. This was in consequence of letting one small piece of the choice literature so common in the class room, escape to the notice of the medical profession of the state. They very much preferred to keep it locked up for use on the girls next winter, should any be so unwise as to attend. THE JOURNAL had gone out, however, before the notice was brought to the attention of the editor. Thus our subscribers received their JOURNALS on time. We are no special advocate of co-educational medical schools; but we are most emphatically in favor of

decent and moral schools if only males are present. One prominent Iowa physician said in reference to the matter: "Why, I would not think of letting my boy attend such a rotten school as that—it is not fit for animals to attend."

We believe that schools should be so decent and moral that a woman can attend if she wants to, and without danger of being insulted at every turn, in the class room, in the halls and on the public streets. If a woman pays her money she is entitled to decent and moral treatment. This she is always entitled to and nothing short of a brute will insult a woman under any circumstances. Drake University revoked the action of the medical faculty whereby women were expelled, thereby administering a good sized dose of crow, but women dare not return. By the same faculty, they will receive no more consideration than in the past. They will be made to feel that they are there against the will of the faculty and at every turn will feel that their presence is unwelcome.

The State Board of Medical Examiners have practically placed this school under its surveillance. Any lapse of morals or methods of teaching will another year result in disaster to the school. This was told us by a prominent member of the board. So long as Iowa City, Keokuk, Sioux City and other schools are in unquestioned standing and have clean moral records and are not under the supervision of guardians in moral matters, there is but little doubt as to where the students will go this year.

Moreover, one of the leading educational institutions of the West is thinking seriously of starting a medical department this fall in Des Moines. It will be co-educational and will be conducted on the strictest principles of morality.

With the clinical advantages of Des Moines, and the present opening for an institution of high character, there can be no doubt of its immediate success. The friends of this movement will be pleased to hear from the profession on the advisability of the same and from students who expect to attend school this fall. Information addressed to THE JOURNAL will be handed to the proper parties.

In regard to our protest filed with the Iowa State Board of Medical Examiners we believe that the board did its full duty. It refused to place the school in bad standing because the many

innocent members of the class would suffer for the guilty few. It therefore recognized the diplomas, but severely censured the conduct of the school.

Had the board studied how to most seriously affect the school we scarcely see how it could better have done it. The decision, however, is contradictory in that it starts out by saying that the protest and charges are not sustained and then in the very next sentence proceeds to sustain every charge made. Had the board, however, merely refused to recognize the diplomas it would have most seriously punished the students and there would have been no excuse for the severe lecture read the management of the school. We learn from an authentic source that it took all the persuasive efforts of the governor, who is president of the school, to pull the affair through even in the dilapidated shape in which it emerges.

The following committee report was adopted :

To the Iowa State Board of Medical Examiners,—After due consideration of the evidence adduced pro and con by Dr. J. W. Kime and the Iowa College of Physicians and Surgeons, the former against the latter, the Iowa State Board of Medical Examiners unanimously decline to sustain the protest and charges of Dr. Kime. At the same time it is proper for the board to declare that enough evidence has been developed during the lengthy examination to show that the faculty of said college has not exercised adequate supervision over the conduct of such members of their class during the hours they frequented the lecture rooms, laboratories and halls of the college. So long as women are permitted to enter our medical schools we are of the opinion that the colleges which have not been insensible to the value of their fees and their influence are held and firmly bound to see that they are treated with that scrupulous respect which their fees have earned and their sex demands.

Quite a number of the members of this board have had experiences in teaching in colleges where co-education is the rule. We know from that experience that if proper supervision is exercised by the statutory governors of the school, order will prevail among those who were gentlemen before they became medical students. The Board of Medical Examiners believes it to be its duty to use every influence it possesses to secure such results regarding the gross improprieties alluded to as blots on the manhood of men who govern and men who study in schools which permit such ungentlemanly acts to continue.

Further, we are convinced from the testimony heard that the college aforesaid should in future more strictly conform to our commission's requirements in these respects :

First, in the matter of entrance examinations, and second, in the matter of final examinations.

We do not agree that the faculty are fully in accord with us with regard to the practice of committing the custody of the class during such times to the janitor of the school. In our judgment each member of the faculty should be continuously in such custody on such occasions.

We understand that some of the school claim this a victory. It reminds us of the famous victory of Varro in which his king wept that "one more such victory and he was lost."

All the less is it a victory, in view of the following resolution adopted unanimously by the board:

Resolved, That at an examination held before the Iowa State Board of Medical Examiners on May 6, 1897, it was proved by witnesses to our entire satisfaction, and was also admitted by the college faculty, that the statements made in the March issue of THE IOWA MEDICAL JOURNAL, under the heading, "Snide Medical Colleges," and alleged obscene prescription, were true."

What self-respecting medical student will read those resolutions and then marticulate in this school? What self-respecting practitioner will read them and then send his student to the school? But the school can scarcely look longer to the regular profession for patronage. It is not ecclectic; it is not homeopathic. Where will it go for students? At the last meeting of Polk County Medical Society the dean of this school said, in discussing a resolution to expel any member guilty of consulting with irregulars:

If the by-law is adopted he for one would withdraw from the society. He said that he did not want to be understood as defending the irregulars, but declared that he would rather withdraw and place himself in a position where he could tell the truth about consulting with irregulars than to remain in the society and lie about his practice. He declared there was scarcely a member who would not violate the rule and subject himself to expulsion in the next thirty days, if the rule was adopted. He said that he had consulted with irregulars within a very few days where he had been called in to perform surgical operations. He said that he had to consult with them to ascertain what had been done for them and that he would continue to do so, and so would every physician who was called out of the city.

This is the second edition of the famous speech made by the same man a few years ago and which is scarcely yet settled by the State Medical Society.

Is it possible that the medical profession of Iowa will send students to a school whose dean openly flaunts his irregularity in its face? We understand that this same dean and some of his friends are to make at attack on THE JOURNAL at Marshalltown. We would advise them to keep hands off as the State Medical Society is in no mood to be dictated to by irregulars and their devotees, nor by a set of men who have just been severely censured by the state board for permitting ladies to be insulted in their presence and to their knowlege.

We find that our criticism of the Secretary of the State Board of Health in this issue is unwarranted. He did not write the article criticising the new law. Neither does it reflect the sentiment of the board, both of which we are very glad to learn.

DISEASES OF THE EAR, NOSE AND THROAT AND THEIR ACCESSORY CAVITIES: A condensed text-book. By Seth Scott Bishop, M. D., LL. D., professor in the Chicago Post-Graduate Medical School and Hospital; surgeon to the Illinois Charitable Eye and Ear Infirmary; consulting surgeon to the Illinois Masonic Orphans' Home and to the Silver Cross Hospital, of Joliet; formerly surgeon to the South Side Free Dispensary and to the West Side Free Dispensary; member of the International Medical Congress, the Pan-American Medical Congress, the American Medical Association, the State Medical Societies of Illinois and Wisconsin, the Chicago Pathological Society, etc. Illustrated with 100 colored lithographs and 168 additional illustrations. One volume, royal octavo, pages 16-496. Extra cloth, $4.00 net; sheep or half Russia, $5,00 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street, Philadelphia. New York: 117 West Forty-second street. Chicago: 9 Lakeside Building.

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DEERING J. ROBERTS, M. D.

Extract from *Southern Practitioner.*

A Physician and His Patients Imposed Upon by a Druggist's Substitute.

I gave some Sanmetto to Mrs. H., aged 28 years, for frequent micturition and tenderness in the region of kidneys. Patient was compelled to rise four or five times during the night, passing nearly a half gallon of urine during this time. After using a a bottle of Sanmetto she was greatly relieved, but instead of getting more Sanmetto, as I directed, patient was induced by her druggist to get a preparation of palmetto; this had no appreciable effect whatever. Patient is now using Sanmetto and is not likely to be imposed upon again.

Cross, Okla. T. W. OCELLUS HARTSHORNE, M. D.

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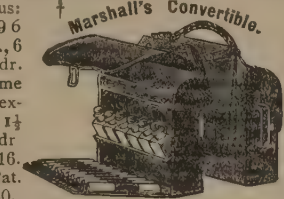

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... SEASONABLE THERAPEUTICS ...

The Treatment of Influenza or La Grippe

It is quite refreshing these days to read of a clearly defined treatment for Influenza or La Grippe. In an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious.

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness, generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets, No. xxx
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets, No. xxx
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone, we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

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Dose for Adults: 4 to 8 grains in capsules, pills or tablets.

IN THE TREATMENT OF

Typhoid

See Report by DR. B. D. HARISON, in *The Physician and Surgeon*, Detroit, Mich., Nov., 1896:

"To eliminate the toxine and to promote skin drainage, I prescribe lactophenin. * * * It acts like phenacetin, but more slowly; has a more calming and hypnotic effect, with no effect upon the heart except that the pulse becomes fuller and slower, while the breathing is unaffected. A moderate dose, 5 to 10 grains, is given every second hour if the temperature rises above 102° F., until perspiration is produced. I cannot speak too highly of lactophenin as an antipyretic, and hypnotic. I have used it altogether in my practice during the past three years to the exclusion of all other antipyretics, with never the slightest depressing effect upon the heart or circulation."

Quinsy

See Report by DR. J. HOMER COULTER, in *The Journal of the American Medical Association*, Nov. 7, 1896:

"In two cases I prescribed lactophenin, 10 grains every three hours; after the second dose Mr. B. was almost entirely relieved of pain. In the case of Mr. R. the third dose relieved him quite as completely. * * * I have used the remedy in twelve cases of quinsy, and in all but one instance the results have been most gratifying. * * * I have in these cases given the lactophenin to the exclusion of every other remedy internally, excepting the cathartic. * * * Its action is decidedly more prompt than salol, etc. It has thus far given no undesirable after-effects; it not only relieves the pain, but reduces the fever with an equal certainty."

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